

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5		4		12		
6		4				
7		4				
8		1				
9		2				
10		2				
11		2		5		
12		2				
13		2				
14		0				
15		0				
16		0				
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18		0				
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42		0				
43		0				
44		0				
45		0				
46		0				
47	/	0				
48		0				
49		0				
50						
TOTAL IND.	5					
TOTAL DEP.	60					
TOTAL CLAIMS	65					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

17
48
12
5
65